 Cretsinger Care Homes, Ltd.

PO Box 279 ~ Battle Creek MI 49016 ~ (269) 964-8292

ADMISSION POLICY

**PURPOSE**

It is our mission to provide quality, compassionate care to our residents by having trained, caring employees who will be respectful, responsive, and sensitive in helping each resident obtain and maintain the highest quality of life of which they are capable.

**ADMISSION REQUIREMENTS**

* Age 18 or over, or have a state approved waiver
* Each individual shall have freedom to choose the living environment that is right for you. Many people prefer to live in a setting where there is daily interaction with peers and assistance from trained individuals for support with cooking, cleaning, medication administration, activities of daily living and care for medical concerns. Coming to live at Cretsinger Care Homes means you freely choose to live in a group setting.
* This facility shall not deny admission to an individual because of race, religion or national origin or any other protected status.
* Our goal is to offer a diverse, yet compatible environment for our residents. A full screening is done before placement to assure a suitable fit. We understand that individuals may have varying diagnoses, both physical and psychological. Placement at a facility licensed by Cretsinger Care Homes, Ltd. is not based on any particular diagnosis, but rather through an assessment of where the person is on their life’s journey. We are unable to accept anyone who is not compatible with the other residents of our home. Due to the frail health of some of our residents, we are unable to accept individuals who demonstrate physical aggression.
* Our facilities will not accept a person who is bedfast and requires continuous professional nursing care.
* Facility must be furnished with a list of medications, results of any tests for communicable diseases, and all medical records available to resident, contract agency, guardian or other responsible person. This and all other resident information will be kept confidential according to law.
* Prospective residents or guardians will be given a copy of the House Rules and admission is contingent upon written agreement that she/he has read and agrees to abide by the house rules.
* In order to assist you in the most appropriate way, the responsible case management organization is to provide a basic treatment plan to be implemented immediately upon move in to the facility. The responsible agency must work with you to assure your goals and needs are updated and changes are communicated to the support providers.

**ADMISSION PROCESS**

1. A comprehensive pre-admittance screen will be conducted by Executive Level Management to determine suitability for all potential residents. This will consist of a detailed interview with the appropriate parties - casemanager, guardian, resident, family, physician and/or care providers. Available paperwork will be reviewed, including physician notes, care plans, treatment plans, medication records, etc. When possible, an in-person interview with the resident will be conducted.
2. A list of current medications must be given to the Home Manager *at least* 24 hours prior to agreed move in time.
3. All documents required by the Department of Licensing and Regulatory Affairs will be completed prior to placement:

BCAL-3266 AFC Resident Care Agreement

BCAL-3265 Assessment Plan for AFC Residents

BCAL-3483 Resident ID

BCAL-3485 Resident Weight Record

BCAL-2318 Resident Funds Part I

BCAL-2319 Resident Funds Part II

BCAL-3947 Health Care Appraisal. It is the responsibility of the resident, resident’s payee or private insurance company to pay for the health care appraisal.

1. All documents required by CCH will be completed prior to placement. These may include HIPAA and treatment release forms, policy acknowledgements, etc.

**COST**

The rate you are charged will depend on the following circumstances

* Which home you choose to live in
* Whether you choose to have a roommate or have your own room
* How much support you need to maintain or improve your health and achieve your goals

After your compatibility and the above issues have been established, you will be quoted an exact monthly rate. Payments are due and payable on the first day of each month.

In some circumstances, your needs for support are unaffordable for you, and you may have assistance in paying for our services through agreements with health care agencies, such as a mental health agency or PACE program. If someone other than your payee agrees to pay us for services, the contract with that agent must be completed prior to admission.

Signature indicates receipt of Admission Policy.

Resident/Legal Representative Date